In the Claims

1-11 (canceled).

12 (currently amended). A method for the reduction or treatment, or reduction and treatment of gamete numerical chromosomal alterations in a male, comprising diagnosing a male as having a gamete numerical chromosomal alteration and administering an effective amount of follicle stimulating hormone (FSH) or FSH variant having agonist activity to a male having said gamete numerical chromosomal alteration, wherein the effective amount is sufficient to reduce or treat the rate of gamete numerical chromosomal alteration in the male and wherein the gamete numerical chromosomal alteration is XX or YY disomy.

13-15 (canceled).

16 (previously presented). The method according to claim 12, wherein the male is human.

17 (previously presented). The method according to claim 12, wherein FSH is administered.

18 (previously presented). The method according to claim 12, wherein rFSH is administered.

19 (previously presented). The method according to claim 12, wherein the FSH or FSH variant is administered on alternate days.

20 (previously presented). The method according to claim 12, wherein the FSH or FSH variant is administered at or about 75 to 300 IU/dose.

21 (previously presented). The method according to claim 12, wherein the FSH or FSH variant is administered at or about 150 IU/dose.

22-24 (canceled).

25 (previously presented). The method according to claim 12, wherein the FSH or FSH variant is administered at 150 IU/dose.

26 (previously presented). The method according to claim 19, wherein the FSH or FSH variant is administered at or about 75 to 300 IU/dose.

27 (previously presented). The method according to claim 26, wherein the FSH or FSH variant is administered at or about 150 IU/dose.

28 (previously presented). The method according to claim 12, wherein said FSH variant is CTP-FSH, single chain CTP-FSH or a FSH glycosylation variant.

29-30 (canceled).

31 (currently amended). A method for the reduction or treatment, or reduction and treatment of gamete numerical chromosomal alterations in a male, comprising diagnosing a male as having a gamete numerical chromosomal alteration and administering an effective amount of follicle stimulating hormone (FSH) or a FSH variant having agonist activity to a male diagnosed as having gamete numerical chromosomal alterations, wherein the effective amount of FSH or a FSH variant is sufficient to reduce or treat the rate of gamete numerical chromosomal alteration in the male.

32 (previously presented). The method according to claim 31, wherein the male is human.

33 (previously presented). The method according to claim 31, wherein FSH is administered.

34 (previously presented). The method according to claim 31, wherein rFSH is administered.

35 (previously presented). The method according to claim 31, wherein the FSH or FSH variant is administered on alternate days.

36 (previously presented). The method according to claim 31, wherein the FSH or FSH variant is administered at or about 75 to 300 IU/dose.

37 (previously presented). The method according to claim 31, wherein the FSH or FSH variant is administered at 150 IU/dose.

38 (previously presented). The method according to claim 35, wherein the FSH or FSH variant is administered at or about 75 to 300 IU/dose.

39 (previously presented). The method according to claim 38, wherein the FSH or FSH variant is administered at 150 IU/dose.

40 (previously presented). The method according to claim 31, wherein said FSH variant is CTP-FSH, single chain CTP-FSH or a FSH glycosylation variant.

41 (previously presented). The method according to claim 31, wherein the gamete numerical chromosomal alteration is sexual chromosome disomy.

42 (previously presented). The method according to claim 31, wherein the gamete numerical chromosomal alteration is gamete aneuploidy.

43 (previously presented). The method according to claim 31, wherein the gamete chromosomal alteration is spermatozoa diploidy.